

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

MASSACHUSETTS INSTITUTE  
OF TECHNOLOGY

Plaintiff,

v.

CURAGEN CORPORATION

Defendant.

2005 MAY -6 P 2:01

U.S. DISTRICT COURT  
DISTRICT OF MASS.

DOCKET NO. 05-10860WGY

**Affidavit of Proof of Service of Summons and Complaint**



I, Richelle A. Nessralla, being duly sworn, depose and say as follows:

1. I am the Associate Counsel for the Massachusetts Institute of Technology, the Plaintiff in this action.
2. On April 28, 2005, I sent a true and correct copy of the Summons and Complaint in this action, by first-class mail, postage prepaid, certified mail, return receipt requested to Jonathan M. Rothberg, President of Curagen Corporation with an address at 555 Long Wharf Drive, 11<sup>th</sup> Floor, New Haven, CT 06511. I have received acknowledgment from the U.S. Postal Service that the documents were delivered on May 2, 2005 (a copy of which is enclosed).

Signed under the pains and penalties of perjury on this 5<sup>th</sup> day of May, 2005.



Richelle A. Nessralla  
Massachusetts Institute of Technology  
77 Massachusetts Avenue, 12-090  
Cambridge, MA 02139  
Tel.: 617-452-5943  
BBO#: 640509

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Jonathan Rothberg President Curagen Corporation 555 Long Wharf Drive 11th Floor New Haven, CT 06511</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery 5-2</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number</p> <p>7001 1140 0000 1237 4696</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> O.D.</p> <p><input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
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